

02/04/2005 15:43 FAX 1 858 678 5099

FISH AND RICHARDSON

RECEIVED  
CENTRAL FAX CENTER  
FEB 04 2005 002/008

Attorney's Docket No.: 06618-590001/CIT- 3165

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Aleksey E. Bolotnikov et al. Art Unit: 2815  
Serial No.: 09/933,349 Examiner: J. Jackson, Jr.  
Filed : February 23, 2001  
Title : INDIUM FEATURES ON MULTI-CONTACT CHIPS

VIA FACSIMILE

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

AMENDMENT

In response to the Office action mailed November 4, 2004,  
please reconsider the application in light of the following:

Amendments to the Specification beginning on page 2;

Amendments to the Claims reflected in the Listing of Claims

beginning on page 4; and

Remarks beginning on page 7.

CERTIFICATE OF TRANSMISSION BY FACSIMILE

I hereby certify that this correspondence is  
being transmitted by facsimile to the Patent and  
Trademark Office on the date indicated below.

Date of Transmission

February 4, 2005

Signature

02/11/2005 TDAWKINS 00000005 061058 09933349

Carroll Allman

Typed or Printed Name of Person Signing  
Certificate

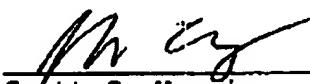
Attorney's Docket No.: 06618-590001/CIT- 3165

Hu's indium columns are therefore at least 115 (i.e., 75 + 20 + 20)  $\mu\text{m}$  in height. Hu thus neither describes nor suggests indium bumps that have a height of between 15 to about 100  $\mu\text{m}$  as claimed in claim 1. Hu similarly does not describe the subject matter of claims 4 and 5 where surfaces of a pixilated detector and a VLSI chip are separated by about 15 to about 100  $\mu\text{m}$ .

Accordingly, Applicant submits that claims 1-5 are allowable.

Applicant asks that all claims be allowed, at which time formal drawings will be submitted. No fees are believed due at this time. Please apply any charges or credits to Deposit Account No. 06-1050.

Respectfully submitted,

  
\_\_\_\_\_  
Scott C. Harris  
Reg. No. 32,030  
By John F. Conroy  
Reg. No. 48,485

Fish & Richardson P.C.  
PTO Customer Number: 20985  
12390 El Camino Real  
San Diego, CA 92130  
Telephone: (858) 678-5070  
Facsimile: (858) 678-5099  
10475815.doc

## PATENT APPLICATION FEE DETERMINATION RECORD

Substitute for Form PTO-875

Application or Docket Number

09933349

## CLAIMS AS FILED - PART I

		(Column 1)	(Column 2)
FOR	NUMBER FILED	NUMBER EXTRA	
<b>BASIC FEE</b> (37 CFR 1.16(a))			
<b>TOTAL CLAIMS</b> (37 CFR 1.16(c))		20 minus 20 =	—
<b>INDEPENDENT CLAIMS</b> (37 CFR 1.16(b))		5 minus 3 =	2
<b>MULTIPLE DEPENDENT CLAIM PRESENT</b> (37 CFR 1.16(d))			

## SMALL ENTITY

OR	OTHER THAN SMALL ENTITY
	RATE _____
OR	\$ _____
OR	RATE _____
OR	\$ _____
OR	RATE _____
OR	\$ _____
OR	RATE _____
OR	\$ _____
OR	TOTAL _____

\* If the difference in column 1 is less than zero, enter "0" in column 2.

TOTAL **86**

## CLAIMS AS AMENDED - PART II

AMENDMENT A			(Column 1)	(Column 2)	(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
	Total (37 CFR 1.16(c))	10	Minus	** 20	= _____
	Independent (37 CFR 1.16(b))	5	Minus	*** 5	= _____
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					

## SMALL ENTITY

OR	OTHER THAN SMALL ENTITY
	RATE _____
OR	\$ _____
OR	RATE _____
OR	\$ _____
OR	RATE _____
OR	\$ _____
OR	TOTAL ADD'L FEE _____

AMENDMENT B			(Column 1)	(Column 2)	(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
	Total (37 CFR 1.16(c))		Minus	**	= _____
	Independent (37 CFR 1.16(b))		Minus	***	= _____
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					

OR	OTHER THAN SMALL ENTITY
	RATE _____
OR	\$ _____
OR	RATE _____
OR	\$ _____
OR	TOTAL ADD'L FEE _____

AMENDMENT C			(Column 1)	(Column 2)	(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
	Total (37 CFR 1.16(c))		Minus	**	= _____
	Independent (37 CFR 1.16(b))		Minus	***	= _____
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					

OR	OTHER THAN SMALL ENTITY
	RATE _____
OR	\$ _____
OR	RATE _____
OR	\$ _____
OR	TOTAL ADD'L FEE _____

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.